04/20/2011 15:23

Image# 11931222379

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 DC 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Charles Stellar Type or Print Name of Treasurer Electronically Filed by Mr. Charles Stellar 04 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$

Transaction ID:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Repo	ort Covering the Period: From:		To: M M M 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010 ^Y Y		125395.88
(b) Cash on Hand at Begining of Reporting Period	108916.66	
(c) Total Receipts (from Line 19)	14088.79	221577.26
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	123005.45	346973.14
'. To	otal Disbursements (from Line 31)	28200.69	252168.38
3. Ca	ash on Hand at Close of		
	eporting Period ubtract Line 7 from Line 6(d))	94804.76	94804.76
). De	ebts and Obligations owed TO		
	e committee (İtemize all on hedule C and/or Schedule D)	0.00	
	ebts and Obligations owed BY		
	e committee (Itemize all on chedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

м м 1 0 1 4 м°м 1 1 2^D2 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13494.10 127227.33 (i) Itemized (use Schedule A) 594.69 10205.06 (ii) Unitemized (iii) TOTAL (add 14088.79 137432.39 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 79500.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 14088.79 216932.39 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 1644.87 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 3000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 14088.79 221577.26 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 14088.79 221577.26 (subtract Line 18(c) from Line 19)

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FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

(use Schedule E) 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....

26. Loan Repayments Made.....

Than Political Committees

(such as PACs)

II. DISBURSEMENTS

Activity (from Schedule H4)

21. Operating Expenditures:
(a) Shared Federal/Non-Federal

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other

> (b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

(c) Total Operating Expenditures

DETAILED SUMMARY PAGE of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 159.69 1627.38 159.69 1627.38 (add 21(a)(i), (a)(ii) and (b))........... 0.00 0.00 16191.00 227191.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5000.00 0.00 0.00 0.00 0.00 0.00 5000.00 (add Lines 28(a), (b), and (c)) 11850.00 18350.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 28200.69 252168.38

28200.69

30.	Federal Election Activity (2 U.S.C 431(20))
	(a) Shared Federal Election Activity

(from Schedule H6) (i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid Entirely With Federal Funds

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

252168.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	14088.79	216932.39	
34.	Total Contribution Refunds (from Line 28(d))	0.00	5000.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14088.79	211932.39	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	159.69	1627.38	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1644.87	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	159.69	-17.49	

FE6AN026

America's Healfh Insurance Plans	ne and address of any political committee to s	Date of Receipt Date of Receipt Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Gary Bacher Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington	State Zip Code DC 20004 C C C C C C C C C C C C C C C C C C C	1 0 1 5 2 0 1 0 Transaction ID: 20101013144635-1 Amount of Each Receipt this Period
Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington	Senior Vice President	-
Gary Bacher Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington	2625.00	
	State Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
federal political committee.	DC 20004 C	Amount of Each Receipt this Period
America's Healfh Insurance Plans	Occupation Senior Vice President Aggregate Year-to-Date ▼ 2625.00	_
Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City	N.W. State Zip Code	1 1 1 5 2 0 1 0 Transaction ID: 2011012694633-1
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period
Name of Employer	Occupation Senior Vice President	-
•	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	2625.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports at	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	the name and address of any political committee to PAC (AHIP PAC)	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania A Suite 500, South B		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 20101013144635-2		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	208.33		
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Executive Vice President, Clinical Aff Aggregate Year-to-Date 4374.93			
Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
-	Suite 500, South Building			
City	State Zip Code	Transaction ID: 2010110517211-2		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	208.33		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4374.93			
Full Name (Last, First, Middle Initial) Carmella Bocchino	1	Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	11 1 15 2010		
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 2011012694633-2 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	208.33		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4374.93			
SUBTOTAL of Receipts This Page (options)	624.99		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	nd Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Philip Bonaparte Mailing Address 5 Rue Ct City Millstone Township FEC ID number of contributing federal political committee. Name of Employer Horizon Blue Cross Blue Shield of NJ Receipt For: Primary General Other (specify)	State Zip Code NJ 08535-9117 C Occupation Vice President, Chief Medical Officer, Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Suite 500, South E City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt 10 15 2010 Transaction ID: 20101013144635-3 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Robert Borchardt Mailing Address 601 Pennsylvania Suite 500, South E City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	2583.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 6 / (check only one)			
Any information copied from such Reports ar	on for the purpose of soliciting contributions of solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	r for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans F	PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y 1 1 5 2 0 1 0			
City	State	Zip Code	Transaction ID: 20101013144635-4			
Washington	DC	20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		41.67			
Name of Employer America's Health Insurance Plans	Occupation Regional					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	875.07				
Full Name (Last, First, Middle Initial) Dianne Bricker	Date of Receipt					
Mailing Address 601 Pennsylvania A Suite 500, South Bu	10 / 29 / Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 2010110517211-4			
Washington	DC	20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		41.67			
Name of Employer America's Health Insurance Plans	Occupation Regional					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary ☐ General Other (specify) ▼	0 0	875.07				
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 2011012694633-3			
Washington	DC	20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		41.67			
Name of Employer America's Health Insurance Plans	Occupation Regional					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	875.07				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	()	
A.	Full Name (Last, First, Middle Initial) Yvonne Chanatry	NI VA		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			10 15 2010
	City	State	Zip Code	Transaction ID: 20101013144635-8
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Marketing and Graph	ics
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 1937.49	1
_	Other (specify) ▼	0 0	1937.49	
3.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng		10 29 2010
	City	State	Zip Code	Transaction ID: 2010110517211-8
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Marketing and Graph	ics
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1937.49	
_ C.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			11 1 5 2010
	City	State	Zip Code	Transaction ID: 2011012694633-7
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.17
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Marketing and Graph	ics
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1937.49	
	SUBTOTAL of Receipts This Page (optional)			312.51
上	TOTAL This Period (last page this line number of			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kinsin Dasson Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building Cly Washington DC 20004 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kinsin Dasson Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building Cly State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Clocupation Name of Employer Agare of Employer Agaregate Year-to-Date ▼ Primary General Other (specify) ▼ Clocupation Cly State Zip Code Transaction ID: 2011012694633-11 Anount of Each Receipt this Period Transaction ID: 2011012694633-11 Anount of Each Receipt this Period FEC ID number of contributing federal political committee. Clocupation Cly Sation of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cly State Zip Code Transaction ID: 20110112694633-11 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Crypory Dean Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Cly State Zip Code Transaction ID: 2011011344635-13 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Crypory Dean Full Name (Last, First, Middle Initial) Crypory Dean Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
State Zip Code Washington Date of Receipt Washingto	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	Kirstin Dawson Mailing Address 602 Pennsylvania Average Suite 500, South Buildi	ing	Zip Code	10 29 2010
Plans Sehlor Research Associate, Unitidal Po Receipt For: Aggregate Year-to-Date ▼ 218.82	FEC ID number of contributing		20004	Amount of Each Receipt this Period
Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City State	Plans Receipt For: Primary General	Senior Re	esearch Associate, Clinical F Year-to-Date ▼ 218.82	Po
City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Suite 500, South Building City State Zip Code DC 20004 Transaction ID: 2011012694633-11 Amount of Each Receipt this Period Toccupation Senior Research Associate, Clinical Polars Aggregate Year-to-Date ✓ Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mashington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Executive Director Insurance Education Aggregate Year-to-Date ✓ Occupation Executive Director Insurance Education Aggregate Year-to-Date ✓ Other (specify) ✓ Other (specify) ✓ Other (specify) ✓ Transaction ID: 201101013144635-13 Amount of Each Receipt this Period Transaction ID: 20101013144635-13 Amount of Each Receipt this Period Transaction ID: 20101013144635-13 Amount of Each Receipt this Period Transaction ID: 20101013144635-13 Amount of Each Receipt This Period Transaction ID: 20101013144635-13 Amount of Each Receipt This Period	Kirstin Dawson Mailing Address 602 Pennsylvania Aver			M M / D D / Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For:	City Washington	State	•	Transaction ID: 2011012694633-11
Plans Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M	federal political committee. Name of Employer	Occupation		
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M 1 0 1 15 2 0 1 0 Transaction ID: 20101013144635-13 Amount of Each Receipt this Period 62.50	Plans Receipt For: Primary General	. '	Year-to-Date ▼	20
Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ State Zip Code Transaction ID: 20101013144635-13 Amount of Each Receipt this Period 62.50 Transaction ID: 20101013144635-13 Amount of Each Receipt this Period 62.50	Gregory Dean			Date of Receipt
Washington DC 20004 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans	Suite 500, South Build	ing	Zip Code	10 15 2010
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Occupation Executive Director Insurance Education Aggregate Year-to-Date ▼ 1312.50	Washington		•	
Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1312.50		С		62.50
Primary General Other (specify) 1312.50	Plans	Executive	Director Insurance Education	or
SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate		
	SUBTOTAL of Receipts This Page (optional)			83.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	10 29 2010		
City	State	Zip Code	Transaction ID: 2010110517211-13
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupatio	n	7
<u>Plans</u>		e Director Insurance Educati	or
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1312.50	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 2011012694633-12
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director Insurance Educati	on
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1312.50	
Full Name (Last, First, Middle Initial) Randolph Desonia			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011012694633-14
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer America's Health Insurance Plans	Occupatio Director,	n Medicaid Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	
SUBTOTAL of Receipts This Page (optional)		_	135.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Stephanie Dougherty		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South I	Building	10 15 2010		
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20101013144635-16 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	12.50		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Director, Professional Program Aggregate Year-to-Date ▼ 250.00	ns		
Full Name (Last, First, Middle Initial) Stephanie Dougherty	Stephanie Dougherty			
Mailing Address 601 Pennsylvania Suite 500, South I		10 29 2010		
City Washington	State Zip Code DC 20004	Transaction ID: 2010110517211-16		
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 12.50		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Director, Professional Program Aggregate Year-to-Date ▼ 250.00	ns 		
Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Washington	State Zip Code DC 20004	Transaction ID: 20101013144635-17 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C 20004	41.67		
Name of Employer America's Health Insurance Plans	Occupation Regional Director			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06			
SUBTOTAL of Receipts This Page (option	nal)	66.67		
	mber only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC	D)	
∠ 4.	Full Name (Last, First, Middle Initial) Katie Dunning			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 2010110517211-17
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation Regional		
	<u>Plans</u> Receipt For:	'	e Year-to-Date V	
	Primary General Other (specify) ▼	199.094.	750.06	
_ 3.	Full Name (Last, First, Middle Initial) Katie Dunning			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 2011012694633-15
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Regional	n Director	
	Receipt For:	_'	e Year-to-Date ▼	
	Primary General Other (specify)	0 0	750.06	
_).	Full Name (Last, First, Middle Initial) Paul Eiting			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			10 15 YYYYY 10 15 2010
	City	State	Zip Code	Transaction ID: 20101013144635-18
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance	Occupation Deputy D		
	<u>Plans</u> Receipt For:		e Year-to-Date V	1
	Primary General Other (specify) ▼	33 0	281.25]
Γ	CURTOTAL of Descripts This Descript in 10			114.59
F	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other	r than using the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Americas Health Insuran	Full) ce Plans PAC (AHIP PAC	C)	
Full Name (Last, First, Middle Paul Eiting	Initial)		Date of Receipt
	nsylvania Avenue N.W. N, South Building		10 29 2010
City	State	Zip Code	Transaction ID: 2010110517211-18
Washington FEC ID number of contributin federal political committee.	g C	20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Paul Eiting	Initial)		Date of Receipt
	nsylvania Avenue N.W. I, South Building		11 15 2010
City	State	Zip Code	Transaction ID: 2011012694633-16
Washington FEC ID number of contributin federal political committee.	g C	20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy [
Receipt For: Primary Gene Other (specify) ▼	00 0	e Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Jeffrey Gabardi	Initial)		Date of Receipt
	nsylvania Avenue N.W. I, South Building		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20101013144635-19
FEC ID number of contributin federal political committee.		20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, State Affairs	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 2625.00	
SUBTOTAL of Receipts This P	age (optional)		187.50
TOTAL This Period (last page t	his line number only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the retailed Summary Page	FOR LINE NUMBER: PAGE 17 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Α ο	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not ne name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)		
	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	lding		10 29 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 2010110517211-19 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000-1	125.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice F Aggregate Yea	President, State Affairs r-to-Date ▼ 2625.00	
	Full Name (Last, First, Middle Initial) Jeffrey Gabardi	l		Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			1 1 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 2011012694633-17
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vice F	President, State Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 2625.00	
_	Full Name (Last, First, Middle Initial) Leanne Gassaway			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 20101013144635-20
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 27.08
	Name of Employer America's Health Insurance Plans	Occupation Regional Dire	ector	7
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		568.68	
Г		1		277.08

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 67 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements ma ng the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC	C)	
Full Name (Last, First, Middle Initial) Leanne Gassaway			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South			10 29 2010
City	State	Zip Code	Transaction ID: 2010110517211-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		27.08
Name of Employer America's Health Insurance	Occupatio		
<u>Plans</u>		Director	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 568.68	7
Full Name (Last, First, Middle Initial) Leanne Gassaway			Date of Receipt
Mailing Address 601 Pennsylvania			M M / D D / Y Y Y Y
Suite 500, South	Building State	Zip Code	1 1 1 5 2 0 1 0 Transaction ID: 2011012694633-18
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		27.08
Name of Employer America's Health Insurance Plans	Occupation Regional	n I Director	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 568.68	
Full Name (Last, First, Middle Initial) John Giblin			Date of Receipt
Mailing Address 526 Whitehall Rd			10 22 2010
City	State	Zip Code	Transaction ID: 598DBD8AF9BC34BC1
Chattanooga	TN	37405-3748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Blue Cross Blue Shield of Tennessee	Occupation EVP & C		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)		554.16

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	d Statements may not be sold or used by any persoche name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania A Suite 500, South Bu City	State Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	DC 20004 C Occupation	Amount of Each Receipt this Period 83.33
America's Health Insurance Plans Receipt For: □ Primary	Special Assistant To President and Control Aggregate Year-to-Date ▼ 1749.93	eo
Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania A Suite 500, South Bu		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 2010110517211-22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Special Assistant To President and Control Aggregate Year-to-Date	e o
Full Name (Last, First, Middle Initial) Lindy Hinman	1	Date of Receipt
Mailing Address 602 Pennsylvania A Suite 500, South Bu City		Transaction ID: 2011012694633-20
<u>Washington</u>	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Special Assistant To President and Co	eo
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.93	
SUBTOTAL of Receipts This Page (optional		249.99
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Average Suite 500, South Buildi City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	State Zip Code DC 20004 C Occupation	Date of Receipt M M / D D / Y Y Y Y Y 1 0 15 20101 Transaction ID: 20101013144635-24 Amount of Each Receipt this Period 31.25
Plans Receipt For: Primary General Other (specify) ▼	Senior Associate Counsel, Special Pro Aggregate Year-to-Date ▼ 489.53	<u>J</u>
Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Average Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City	489.53 nue N.W.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Senior Associate Counsel, Special Pro Aggregate Year-to-Date ▼ 489.53	D <u>j</u>
SUBTOTAL of Receipts This Page (optional)	>	93.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 67 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Br			10 15 7 9 9 10
City	State	Zip Code	Transaction ID: 20101013144635-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer	Occupation	n	
America's Health Insurance Plans	Vice Pres	sident, Federal Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1749.93	
Full Name (Last, First, Middle Initial) Alethia Jackson	1		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Br			10 29 7 9 2010
City	State	Zip Code	Transaction ID: 2010110517211-24
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1749.93]
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bo			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011012694633-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1749.93	
SUBTOTAL of Receipts This Page (optional	al)	\	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101013144635-26
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupation Senior Vi	n ce President, Clinical Affair	
<u>Plans</u> Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼	7.99.094.0	875.07	
Full Name (Last, First, Middle Initial) Barbara Lardy	1		Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2010110517211-25
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.07	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			1 1 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 2011012694633-23
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	ce President, Clinical Affair	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	875.07	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	·····	125.01

Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	Statements may e name and add	Detailed Summary Page not be sold or used by any perso	X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and ado	not be sold or used by any perso	n for the nurnece of coliciting contributions
` '		iress of any political committee to	solicit contributions from such committee.
Americas Health Insurance Plans PA			
	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101013144635-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer	Occupation	1	7
America's Health Insurance Plans	Director,	Operations and Claims	
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General	1 1	791.73	
Other (specify)	0 0	731.70	
Full Name (Last, First, Middle Initial) Jeff Lemieux	•		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 15 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20101013144635-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance	Occupation Syn Cen	ter for Health Policy & Resea	
<u>Plans</u> Receipt For:	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼	
Primary General Other (specify) ▼	riggregate	2625.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 29 7 2010
City	State	Zip Code	Transaction ID: 2010110517211-26
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance	Occupation Syn Cen	ter for Health Policy & Resea	ar
<u>Plans</u> Receipt For:	, '	Year-to-Date Year-to-Date	"
Primary General	Aggregate	1 1 1 1 1 1 1	1
Other (specify) ▼		2625.00	
SUBTOTAL of Receipts This Page (optional) .			291.67

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/6/ (check only one)
Any information copied from such R	eports and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full		areas or any pontion committee to	o dollar dollar battoria morni addir dollarititece.
Americas Health Insurance	,	;)	
Full Name (Last, First, Middle Ini Jeff Lemieux	tial)		Date of Receipt
	Ivania Avenue N.W. South Building		1 1 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 2011012694633-24
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Cen	n ter for Health Policy & Rese	ear
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2625.00	
Full Name (Last, First, Middle Ini Beth Leonard	tial)		Date of Receipt
	Ivania Avenue N.W. South Building		M M / D D / Y Y Y Y Y 1 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 20101013144635-29
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Di	n rector Public Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1437.57	
Full Name (Last, First, Middle Ini	tial)		Date of Receipt
Mailing Address 601 Pennsy Suite 500, S	Ivania Avenue N.W. Jouth Building		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2010110517211-27
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Di	n rector Public Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1437.57]

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 2011012694633-25
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance	Occupation	
<u>Plans</u>	Senior Director Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1437.5	7
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		1 0 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 20101013144635-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.4	3
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		10 29 2010
City	State Zip Code	Transaction ID: 2010110517211-28
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	437.4	3
SUBTOTAL of Receipts This Page (optional)	145.83

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 67 (check only one) X
or for commercial p	pied from such Reports and Sta burposes, other than using the r MMITTEE (In Full) alth Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	t, First, Middle Initial)	(74 m - 770	.,	
Mailing Address				Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	Suite 500, South Buildin	State	Zip Code	Transaction ID: 2011012694633-26
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID numbe federal political		C		20.83
Name of Emplo America's Heal Plans	yer th Insurance	Occupatio Program	n Manager	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 437.43	
Full Name (Las	t, First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Aven Suite 500, South Buildir			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City		State	Zip Code	Transaction ID: 20101013144635-31
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID numbe federal political		C		62.50
Name of Emplo America's Heal Plans	yer th Insurance	Occupatio Director	n of Human Resources	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
Full Name (Las	t, First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Aven Suite 500, South Buildir			10 29 2010
City Washington		State DC	Zip Code 20004	Transaction ID: 2010110517211-29 Amount of Each Receipt this Period
FEC ID number federal political		C		62.50
Name of Emplo America's Heal Plans	yer fh Insurance	Occupatio Director	n of Human Resources	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 700.00	
SUBTOTAL of Re	eceipts This Page (optional)			145.83

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 67 (check only one) X 11a 11b 11c 12
or for commercial purposes, other than using	nd Statements may not be sold or used by any po the name and address of any political committe	erson for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	11 15 2010
City Washington	State Zip Code DC 20004	Transaction ID: 2011012694633-27
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director of Human Resources Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania		Date of Receipt
Suite 500, South B	uilding State Zip Code	1 0 2 9 2 0 1 0 Transaction ID: 2010110517211-32
<u>Washington</u>	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.50
Name of Employer America's Health Insurance	Occupation Vice President, IT	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.50	
Full Name (Last, First, Middle Initial) Anthony Meoni	I	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		M M / D D / Y Y Y Y Y 1 1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 2011012694633-29
Washington FEC ID number of contributing	DC 20004	Amount of Each Receipt this Period
federal political committee.	0	
Name of Employer America's Health Insurance Plans	Occupation Vice President, IT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	
SUBTOTAL of Receipts This Page (option	al)	41.00

NAME OF COMMITTEE Americas Health Insu Full Name (Last, First, Mid Thomas Meyers Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Mid Thomas Meyers Mailing Address 601 P	(In Full) rance Plans PAC (AHIP PA ddle Initial) ennsylvania Avenue N.W. 500, South Building State DC uting C eneral Occupat Executi Aggrega ddle Initial) ennsylvania Avenue N.W. 500, South Building State DC	Zip Code 20004	Date of Receipt Date of Receipt Transaction ID: 20101013144635-36 Amount of Each Receipt this Period Date of Receipt
Americas Health Insu Full Name (Last, First, Mic Thomas Meyers Mailing Address 601 P Suite: City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Mic Thomas Meyers Mailing Address 601 P Suite: City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	rance Plans PAC (AHIP PA	Zip Code 20004 ion ve Director Product Policy ate Year-to-Date ✓ 420.00 Zip Code	Transaction ID: 20101013144635-36 Amount of Each Receipt this Period 20.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Thomas Meyers Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Mic Thomas Meyers Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	ennsylvania Avenue N.W. 500, South Building State DC uting C C eneral Aggrega eneral ddle Initial) ennsylvania Avenue N.W. 500, South Building State DC	ion ve Director Product Policy ate Year-to-Date ▼ 420.00 Zip Code	Transaction ID: 20101013144635-36 Amount of Each Receipt this Period 20.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Mic Thomas Meyers Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	State DC uting ce Description Ce Occupat Executi Aggregate ddle Initial) ennsylvania Avenue N.W. 500, South Building State DC	ion ve Director Product Policy ate Year-to-Date ▼ 420.00 Zip Code	Transaction ID: 20101013144635-36 Amount of Each Receipt this Period 20.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Mic Thomas Meyers Mailing Address Mailing Address City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	state DC uting C Occupat Executi Aggregate	ion ve Director Product Policy ate Year-to-Date ▼ 420.00 Zip Code	Date of Receipt Date of Receipt
FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Mic Thomas Meyers Mailing Address Mailing Address City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	ce Occupat Execution Aggregate Aggre	ion ve Director Product Policy ate Year-to-Date ▼ 420.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Mic Thomas Meyers Mailing Address Mailing Address City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	Coccupat Executi Aggregate Aggregate Ennsylvania Avenue N.W. 500, South Building State DC	ve Director Product Policy te Year-to-Date 420.00 Zip Code	Date of Receipt 10 29 2010 Transaction ID: 2010110517211-33
Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Mid Thomas Meyers Mailing Address Mailing Address City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	eneral Aggregate Addle Initial) ennsylvania Avenue N.W. 500, South Building State DC	ve Director Product Policy te Year-to-Date 420.00 Zip Code	10 29 2010 Transaction ID: 2010110517211-33
Receipt For: Primary Other (specify) Full Name (Last, First, Mid Thomas Meyers Mailing Address Go1 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance	Aggregated	ate Year-to-Date ▼ 420.00 Zip Code	10 29 2010 Transaction ID: 2010110517211-33
Primary G Other (specify) Full Name (Last, First, Mid Thomas Meyers Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	eneral ddle Initial) ennsylvania Avenue N.W. 500, South Building State DC	420.00 Zip Code	10 29 2010 Transaction ID: 2010110517211-33
Thomas Meyers Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	ennsylvania Avenue N.W. 500, South Building State DC	·	10 29 2010 Transaction ID: 2010110517211-33
Mailing Address 601 P Suite : City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance	500, South Building State DC	·	1 0 2 9 2 0 1 0 Transaction ID: 2010110517211-33
City Washington FEC ID number of contrib federal political committee Name of Employer America's Health Insurance Plans	State DC	·	
FEC ID number of contrib federal political committee Name of Employer America's Health Insurand Plans		20004	
Name of Employer America's Health Insurance	uting		Amount of Each Receipt this Period
<u>Plans</u>			20.00
	occupat Executi	ion ve Director Product Policy	
	Aggrega	ate Year-to-Date ▼ 420.00	
Full Name (Last, First, Mid Thomas Meyers	ddle Initial)		Date of Receipt
	ennsylvania Avenue N.W. 500, South Building		1 1 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 2011012694633-30
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			20.00
Name of Employer America's Health Insurand Plans	Occupat Executi	ion ve Director Product Policy	
Receipt For:		ate Year-to-Date ▼	
Primary G Other (specify) ▼	eneral	420.00	

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commerci	al purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	COMMITTEE (In Full) Health Insurance Plans PAC	C (AHIP PAC	0)	
Full Name (L Joseph Miller				Date of Receipt
Mailing Addr	ess 601 Pennsylvania Ave Suite 500, South Build			10 29 2010
City		State	Zip Code	Transaction ID: 2010110517211-35
	on ber of contributing cal committee.	C	20004	Amount of Each Receipt this Period 104.17
<u>Plans</u>	ployer ealth Insurance	Occupatio General	Counsel	
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 312.51	
Full Name (L Joseph Miller	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			1 1 1 5 2 0 1 0
City		State	Zip Code	Transaction ID: 2011012694633-32
	ber of contributing cal committee.	C	20004	Amount of Each Receipt this Period 104.17
Name of Em America's H Plans	ployer ealth Insurance	Occupation General		
Receipt For:		Aggregate	e Year-to-Date ▼ 312.51	
Full Name (L Julie Miller	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20101013144635-39
	on ber of contributing cal committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Em America's H Plans	ployer ealth Insurance	Occupation Senior A	n ssociate Counsel	
Receipt For:		Aggregate	e Year-to-Date ▼ 875.07	
SUBTOTAL of	Receipts This Page (optional) .	1	_	250.01
TOTAL This P	Period (last page this line number	· only)	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 67 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania . Suite 500, South B	uilding	10 29 2010
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 2010110517211-36 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2011012694633-33
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	
Full Name (Last, First, Middle Initial) Lisa Miller		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		10 29 7 2010
City Washington	State Zip Code DC 20004	Transaction ID: 2010110517211-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Meeting Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 218.82	
SUBTOTAL of Receipts This Page (option	al)	93.76

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 67 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lisa Miller		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	11 1 15 2010
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 2011012694633-34 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, Meeting Services Aggregate Year-to-Date ▼ 218.82	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania		Date of Receipt
Suite 500, South B	uilding State Zip Code	1 0 1 5 2 0 1 0 Transaction ID: 20101013144635-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance	Occupation Director Product Policy	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	437.43	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 2010110517211-38
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.43	
SUBTOTAL of Receipts This Page (option	al)	52.08

Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington	nue N.W. ing State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date nue N.W. ing		Date of Receipt M
Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	nue N.W. ing State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date nue N.W. ing	•	Transaction ID: 2011012694633-35 Amount of Each Receipt this Period 20.83 Date of Receipt
Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date nue N.W. ing	•	Transaction ID: 2011012694633-35 Amount of Each Receipt this Period 20.83 Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date nue N.W. ing	•	Transaction ID: 2011012694633-35 Amount of Each Receipt this Period 20.83 Date of Receipt
City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date nue N.W. ing	•	Amount of Each Receipt this Period 20.83 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build	Occupation Director Product Policy Aggregate Year-to-Date nue N.W. ing	•	Date of Receipt
federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	Occupation Director Product Policy Aggregate Year-to-Date nue N.W. ing	•	Date of Receipt
Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build	Director Product Policy Aggregate Year-to-Date nue N.W. ing	•	M M / D D / Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	Aggregate Year-to-Date value N.W.	•	M M / D D / Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	nue N.W.	1 1 1 1	M M / D D / Y Y Y Y
Teresa Mulligan Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ing		M M / D D / Y Y Y Y
Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ing		M M / D D / Y Y Y Y
City			10 15 2010
Washington	State Zip Code		Transaction ID: 20101013144635-9
	DC 20004		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Pol	icy Research	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	306.18	
Full Name (Last, First, Middle Initial) Teresa Mulligan	<u> </u>		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 29 2010
City	State Zip Code		Transaction ID: 2010110517211-9
Washington	DC 20004		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Pol	icy Research	
Receipt For:	Aggregate Year-to-Date	•]
Primary General Other (specify) ▼		306.18	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
Americas Health Insurance Plans R	AC (ANIP PAC)			
Full Name (Last, First, Middle Initial) Teresa Mulligan Mailing Address 601 Pennsylvania A	Avenue N W	Date of Receipt		
Suite 500, South Br	uilding	11 15 2010		
City Washington	State Zip Code DC 20004	Transaction ID: 2011012694633-8 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	14.58		
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Policy	Research		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	306.18		
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South Bi		10 15 2010		
City	State Zip Code	Transaction ID: 20101013144635-4		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	104.17		
Name of Employer America's Health Insurance	Occupation			
<u>Plans</u> Receipt For:	Vice President Product Po Aggregate Year-to-Date ▼	icy		
Primary General		1 1 1		
Other (specify) ▼	19	937.49		
Full Name (Last, First, Middle Initial) Betsy Pelovitz				
Mailing Address 601 Pennsylvania A Suite 500, South B		10 29 2010		
City	State Zip Code	Transaction ID: 2010110517211-39		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	104.17		
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Po	icy		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	937.49		
		222.92		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 67 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	g the name and ado	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Suite 500, South B City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 2011012694633-36 Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Vice Pres	n sident Product Policy Year-to-Date ▼ 1937.49	
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania a Suite 500, South B City		Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		20004 n sident Strategic Communicat Year-to-Date ▼ 2724.81	Amount of Each Receipt this Period 130.47
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			Date of Receipt 1 0 2 9 2 0 1 0
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident Strategic Communicat Year-to-Date ▼ 2724.81	tion
SUBTOTAL of Receipts This Page (optional	al)		365.11

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and State	tements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (ame and add	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Avenu Suite 500. South Building	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 2011012694633-37
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		130.47
	Name of Employer America's Health Insurance Plans	L	sident Strategic Communicat	ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2724.81	
— В.	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			10 15 7 2010
	City	State	Zip Code	Transaction ID: 20101013144635-44
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.01	
 С.	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
	Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	10 29 2010		
	City Washington	State DC	Zip Code 20004	Transaction ID: 2010110517211-41 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			83.33
	Name of Employer America's Health Insurance Plans			1
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.01	
s	UBTOTAL of Receipts This Page (optional)			297.13

Ar			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\angle	Americas Health Insurance Plans PA	(AHIP PAC	·)	
Α.	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	enue N.W. ding		11 15 2010
	City	State	Zip Code	Transaction ID: 2011012694633-38
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation Director	_	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.01	
В.	Full Name (Last, First, Middle Initial) Richard Popiel	'		Date of Receipt
	Mailing Address 3 Penn Plz E PP 13F			11 18 2010
	City	State	Zip Code	Transaction ID: 345FE070F815E4AED17
	Newark	NJ	07105-2258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Horizon Blue Cross Blue Shield of NJ	Occupation Vice Pres	n sident and Chief Medical Offi	c
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	
_	Full Name (Last, First, Middle Initial)			Data of Dassist
C.	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20101013144635-45
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
	Name of Employer America's Health Insurance Plans	, '	sident, State Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1833.32	
s	UBTOTAL of Receipts This Page (optional)	1		2687.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2010110517211-42
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance	Occupation Vice President, State Advocacy	
Plans Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1833.32	
Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	10 15 2010	
City	State Zip Code	Transaction ID: 20101013144635-47
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Vice President, Membership	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	437.43	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2010110517211-44
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Vice President, Membership	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	437.43	
SUBTOTAL of Receipts This Page (optional)		145.83
TOTAL This Period (last page this line number	·	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Making Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 Full Name (Last, First, Middle Initial) City General Other (specify) ▼ Full Name (Last, First, Middle Initial) Suite 500, South Building City General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sob Rehm Making Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 20004 Full Name (Last, First, Middle Initial) Sob Rehm Making Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 37.50 Date of Receipt Aggregate Year-to-Dato ▼ Transaction ID: 201010131446354-Amount of Each Receipt the Period Full Name (Last, First, Middle Initial) Sob Rehm Aggregate Year-to-Dato ▼ Transaction ID: 2010110517211-45 Amount of Each Receipt the Period FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. Aggregate Year-to-Da	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 67 (check only one) X 11a 11b 11c 12
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 67 (check only one) X 11a			
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Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	Date of Receipt 1 1 5 2 0 1 0			
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Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave		Date of Receipt			
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Receipt For: Primary Other (specify) Aggregate Year-to-Date 875.07	
SUBTOTAL of Receipts This Page (optional)	166.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	0)	
∠ A .	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			11 15 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 2011012694633-43 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on ice President, Professional F e Year-to-Date ▼ 875.07	Pr
_ В.	Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: 20101013144635-51
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
	Name of Employer America's Health Insurance Plans	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2982.45	
_ C.	Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 2010110517211-48 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	104.17
	Name of Employer America's Health Insurance Plans	Occupation Executiv		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2982.45	
	SUBTOTAL of Receipts This Page (optional)			250.01
F	TOTAL This Period (last page this line number of		·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate s for each catego Detailed Sumn	ory of the			
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	any information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	1 1 1 5 2 0 1 0			
City Washington	State Zip Code DC 20004	Transaction ID: 2011012694633-44 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	104.17			
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive V.P. Aggregate Year-to-Date	2982.45			
Full Name (Last, First, Middle Initial) Jessica Talbert		Date of Receipt			
	illing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				
City	State Zip Code	Transaction ID: 20101013144635-52			
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 31.25			
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, Politica	l Affairs			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	593.75			
Full Name (Last, First, Middle Initial) Aaron Tucker		Date of Receipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Bui		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Washington	State Zip Code DC 20004	Transaction ID: 2010110517211-49			
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 10.42			
Name of Employer America's Health Insurance Plans	Occupation Senior Legislative & Rec	ulatory Analys			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	218.82			
		145.84			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Aaron Tucker			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y 1 1 1 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 2011012694633-45
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance	Occupatio	n egislative & Regulatory Analy	9
<u>Plans</u> Receipt For:		e Year-to-Date	3
Primary General Other (specify) ▼	Aggregate	218.82	
Full Name (Last, First, Middle Initial) Michael Tuffin	!		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y 1 Y 1 1 D 1 5 2 0 1 0
City State Zip Code			Transaction ID: 20101013144635-54
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Vice President	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4374.93	
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2010110517211-50
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	4374.93	
SUBTOTAL of Receipts This Page (optional)		·····	427.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 67 (check only one) X 11a 11b 11c 12			
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt			
Mailing Address 601 Pennsylvania A		M M / D D / Y Y Y Y Y 1 Y 1 1 5 2 0 1 0			
City	State Zip Code	Transaction ID: 2011012694633-46			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	208.33			
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4374.93				
Full Name (Last, First, Middle Initial) Mark Van Koevering					
Mailing Address 601 Pennsylvania					
City	Transaction ID: 20101013144635-55				
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.33			
Name of Employer America's Health Insurance Plans	Occupation Executive Director				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.97				
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt			
Mailing Address 601 Pennsylvania A Suite 500, South B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Washington	State Zip Code DC 20004	Transaction ID: 2010110517211-51 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.33			
Name of Employer America's Health Insurance Plans	Occupation Executive Director				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1499.97				
SUBTOTAL of Receipts This Page (optional	il)	374.99			

TOTAL This Period (last page this line number only)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Antericas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Washington Clay FEC ID number of contributing testeral political committee. Cupation Executive Director Executive Director Executive Director FEC ID number of contributing federal political committee. Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Clay FEC ID number of contributing federal political committee. Clay FEC ID number of contributing federal political committee. Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Deniel Vigil Full Name (Last, First, Middle Initial) Deniel Vigil Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Mashington DC 20004 FEC ID number of contributing federal political committee. Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Mashington DC 20004 FEC ID number of contributing federal political committee. Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Mashington DC 20004 FEC ID number of contributing federal political committee. Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Clay Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)				
Washington DC 20004 Amount of Each Receipt this Period Transaction ID: 20101013144635-61 Amount of Each Receipt this Period Transaction ID: 20101013144635-61 Transaction ID: 20101013144635-61 Transaction ID: 20101013144635-61 Transaction ID: 20101013144635-61 Amount of Each Receipt this Period Transaction ID: 20101013144635-61 Transaction ID: 2010101314635-61 Transaction ID: 20101013144635-61 Transaction ID: 20101013144635-61 Transaction ID: 20101013144635-61 Transaction	Mark Van Koevering Mailing Address 601 Pennsylvania Avel			M M / D D / Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:			•			
Plans Case	FEC ID number of contributing		20004			
Daniel Vigit Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Full Name (Last, First, Middle Initial) Daniel Vigit Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington Deputy Director, State Publications Receipt For: Primary General Other (specify) ▼ G56.25 Full Name (Last, First, Middle Initial) Daniel Vigit Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Plans Receipt For: Primary General Occupation Deputy Director, State Publications Plans Receipt For: Primary General Occupation Deputy Director, State Publications Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Plans Receipt For: Primary General	Executive	e Director e Year-to-Date ▼ 1499.97]		
City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Suite 500, South Building City State Zip Code DC 20004 Amount of Each Receipt this Period 31.25 Transaction ID: 20101013144635-56 Amount of Each Receipt this Period 31.25 Amount of Each Receipt this Period 31.25 Date of Receipt Date of Receipt Mill Name (Last, First, Middle Initial) Daniel Vigil Daniel Vigil Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transaction ID: 2010110517211-52 Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Occupation Deputy Director, State Publications Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Daniel Vigil Mailing Address 601 Pennsylvania Avel			M M / D D / Y Y Y Y		
Amount of Each Receipt this Period	Suite 500, South Building					
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Deputy Director, State Publications Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	•		•			
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington PEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	FEC ID number of contributing					
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	America's Healfh Insurance <u>Plans</u>	Deputy D	Director, State Publications			
Daniel Vigil Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M M D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate	1 1 1 1 1 1 1]		
Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ State Zip Code Transaction ID: 2010110517211-52 Amount of Each Receipt this Period 31.25 C Occupation Deputy Director, State Publications Aggregate Year-to-Date ▼ 656.25	,	1		Date of Receipt		
Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 31.25 Aggregate Year-to-Date ▼ 656.25	Suite 500, South Build	ing		10 29 2010		
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 656.25	•		•			
Plans Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 656.25	FEC ID number of contributing					
Primary General Other (specify) ▼ 656.25	Plans	Deputy D	Director, State Publications			
SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate				
	SUBTOTAL of Receipts This Page (optional))	145.83		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 67 (check only one) X
, c	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC	()	
۱.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 1 15 2010
	City	State DC	Zip Code	Transaction ID: 2011012694633-48
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n Director, State Publications e Year-to-Date ▼ 656.25]
-	Full Name (Last, First, Middle Initial) Robert Zirkelbach Mailing Address 601 Pennsylvania Ave	nue N.W.		Date of Receipt
	Suite 500, South Build	ling State	Zip Code	10 15 2010
	Washington	DC	20004	Transaction ID: 20101013144635-59 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.17
	Name of Employer America's Health Insurance Plans	Occupatio Press Se		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1375.07	
	Full Name (Last, First, Middle Initial) Robert Zirkelbach	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 29 2010
	City	State DC	Zip Code	Transaction ID: 2010110517211-55
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
	Name of Employer America's Health Insurance Plans	Occupatio Press Se	ecretary	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1375.07	
	SUBTOTAL of Receipts This Page (optional)			239.59

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 47 / 67
			Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	()	
	Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
	Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir			1 1 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2011012694633-50
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		104.17
	Name of Employer America's Health Insurance	Occupation	n	7
	America's Health Insurance Plans	Press Se	cretary	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1375.07	

SUBTOTAL of Receipts This Page (optional)	•	104.17
TOTAL This Period (last page this line number only)	<u> </u>	13494.10

CHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LIN	IE NUMBER:	PAGE 48 / 67
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l ⊢	22 23 28a 28b	24 25 26 28c 29 30
ny Information copied from such Reports and Star r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	and and address of any points			
Americas Health Insurance Plans PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)				: 72058E519D7632E40
Bank of America			Date of Disburs	
Mailing Address 730 15th Street, NW Second Floor			1 0 1	^D 2010 ^Y
City Washington	State Zip Code DC 20005		Amount of Each	Disbursement this Period
Purpose of Disbursement	20000		- L	12.00
Wire Transfer Fee		001		
Candidate Name		Category/ Type		
Office Sought: House Disbu	rsement For: Primary Genera	I		
President	Other (specify)	•		
State: District:				
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID Date of Disburs	: 5DA814B0A7E7862E ement
Mailing Address 730 15th Street, NW Second Floor			10 / 2	28 7 2010
City Washington	State Zip Code DC 20005		Amount of Each	Disbursement this Period
Purpose of Disbursement	DG 20003	T		12.00
Wire Transfer Fee		001		
Candidate Name		Category/ Type		
-	rsement For:			
Senate President	Primary Genera Other (specify) ▼	I		
State: District:				
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID Date of Disburs	: BD8CCA35BF862819 ement
Mailing Address 730 15th Street, NW Second Floor			1 1 1 D	5 7 2010
City	State Zip Code		Amount of Each	Disbursement this Period
Washington Purpose of Disbursement	DC 20005	T		12.00
Wire Transfer Fee		001		
Candidate Name		Category/ Type		
	rsement For:			
Senate President	Primary Genera Other (specify) ▼	Į		
State: District:				
				00.00
SUBTOTAL of Disbursements This Page (options	al)	<u></u>		36.00

		B (FEC Form	- 1		arate schedule(s)			OR LIN			R:			PA	AGE	49 /	67	
Τ	EMIZED DI	SBURSEMEN	ITS		category of the Summary Page		X	_	П	22 28a	F	23 28k	Ę	24 28c	F	25 29		26 30b
		ed from such Reports rposes, other than us																
\	NAME OF COM	MITTEE (In Full)																
/	Americas Hea	Ith Insurance Plan	s PAC (AHI	IP PAC)														
	Full Name (Last, Citibank	First, Middle Initial)								Trans Date					C26	BC4	4B2	2CD3
	Mailing Address	1101 Pennsylv 11th Floor	ania Ave, N	1W						1 1	М	/	0 1] / [Ž	0 Ĭ	0 ^Y	
	City Washington	11(1111001		tate OC	Zip Code 20004					Amou	unt	of Ea	ch Di	sburse	men	t this	Per	iod
	Purpose of Disbi						00	01		L.			_		_	31.7	4	
	Candidate Name	ı				Ca	ate	gory/ pe										
	Office Sought:	House Senate President		nent For: Primary Other (sp	General ecify) ▼													
	State:	District: First, Middle Initial)																
	Citibank	Tirst, Middle Hillar)								Date	of	Disbu	sem	ent				2272
	Mailing Address	1101 Pennsylv 11th Floor	ania Ave, N	IW						1 1	М	ľĽ	0 3		Ž	0 1	0 1	
	City Washington			tate OC	Zip Code 20004					Amou	unt	of Ea	ch Di	sburse				iod
	Purpose of Disb Merchant Service						O(01		L.			0			60.2	1	
	Candidate Name							gory/ pe										
	Office Sought:	House Senate President		nent For: Primary Other (sp	General ecify)													
	State:	District:																
	Full Name (Last, Citibank	First, Middle Initial)								Trans Date					346	613A	320	058B(
	Mailing Address	1101 Pennsylv 11th Floor	ania Ave, N	1W						м 1 1	М	/	10] / [Ž	0 1	0 ^Y	
	City Washington			tate OC	Zip Code 20004					Amou	unt	of Ea	ch Di	sburse	-			iod
	Purpose of Disb Merchant Service						00	01		<u>L</u> .	_					31.7	4	
	Candidate Name					Са	ate	gory/ pe										
	Office Sought:	House Senate President		nent For: Primary Other (sp	General													
	State:	District:			- · ·													

159.69

TOTAL This Period (last page this line number only)

A.

В.

C.

SCHEDULE B (FEC Form 3X)				F	OR LI	NE N	NUMBE	R:				P/	GE	50 /	67
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		(check (only	- ′						_		_
	Detailed	Summary Page		L	21b	-	22 28a	X	23	L	_	.4 .8c	-	25 29	26 30b
Any Information copied from such Reports and State	ments may n	ot be sold or used	d by	an		n fo		ırpos					ontril		
or for commercial purposes, other than using the nar															
NAME OF COMMITTEE (In Full)															
Americas Health Insurance Plans PAC (A	AHIP PAC)														
Full Name (Last, First, Middle Initial) Arcuri for Congress							Trans Date						-94	2730	128765 ⁻
Accur for Congress							M	м	/ [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	′ Y	Υ	Υ
Mailing Address PO Box 8508							1 0		L	^D 2	2	L	. 2	01)
City Utica	State NY	Zip Code 13505					Amou	ınt o	f E	ach	Disbu	ırse	men	t this	Period
Purpose of Disbursement							L.						10	00.00)
2010 General Contribution			Ļ		11.										
Candidate Name Michael Angelo Arcuri					egory/ /pe										
X	sement For:	2010													
Senate President	Other (spe	X General													
State: NY District: 24	Other (spe	ociiy) ₩													
Full Name (Last, First, Middle Initial)							Trans	sacti	ion	ID:	389	943	-34	9971	950054 ⁻
Battle Born Political Action Committee							Date		isb						
Mailing Address PO Box 370667							1 ^M 0	М	′	^D 2	^D 2		Ž	0 1	o ^Y
City	State	Zip Code					Amou	ınt o	f E	ach	Disb	ırse	men	t this	Period
Las Vegas	NV	89137											10	00.00)
Purpose of Disbursement 2010 Contribution				0	11						-			00.0	
Candidate Name					egory/										
Battle Born Political Action Committee		0010		Ty	/pe										
Office Sought: House Disburs	sement For: Primary	2010 General													
	X Other (spe														
	bution														
Full Name (Last, First, Middle Initial) David Schweikert for Congress							Trans Date						-47	9366	481304 ⁻
							M	M	/	^D 2			, Y	01	Y
Mailing Address 15749 E El Lago Blvd							1 0		Į.		2	L		010)
City Fountain Hills	State AZ	Zip Code 85268					Amou	ınt o	f E	ach	Disbu	ırse	men	t this	Period
Purpose of Disbursement 2010 General Contribution			Г	٥	11		L.		_				10	00.00)
Candidate Name			C	_	egory/										
David Schweikert				Ty	/ре										
Office Sought: X House Disburs Senate	sement For: Primary	2010 X General													
President	Other (spe														
State: AZ District: 05		•													
SUBTOTAL of Disbursements This Page (optional)				. •	•							30	00.00	
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TOTAL This Period (last page this line number only	y)					•		_	_			_	_		<u></u>

	Use separate schedule(s)	(check onli		PAGE 51/6/
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State				
or for commercial purposes, other than using the nar	ne and address of any political co	ommittee to sc	DICIL CONTRIBUTIONS TO	n such committee
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)			
Americas rieatti insurance i lans i AO (A	iiii i AO)			
Full Name (Last, First, Middle Initial)			Transaction ID:	38943-3616296648979
Friends of Nan Hayworth			Date of Disburser	
Mailing Address 51 Gleneida Avenue			10 10 22	2 2010
City Carmel	State Zip Code NY 10512		Amount of Each [Disbursement this Period
Purpose of Disbursement	-			1000.00
2010 General Contribution		011		
Candidate Name Nan S. Hayworth		Category/ Type		
	sement For: 2010			
Senate President	Primary X General Other (specify) ▼			
State: NY District: 19	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	V171E43AD32FB99058
Locust Street Group			Date of Disburser	
				D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3220 N Street NW			10 3	2010
City Washington	State Zip Code DC 20007		Amount of Each D	Disbursement this Period
Purpose of Disbursement				925.00
In-Kind Auto Calls		011		
Candidate Name	7	Category/		
Nan S. Hayworth		Туре		
Office Sought: X House Disburs	sement For: 2010 Primary X General		In-Kind	
President	Other (specify)			
State: NY District: 19	- (opening) •			
Full Name (Last, First, Middle Initial)			Transaction ID:	V1DA10C7EA6DFEAB
Locust Street Group			Date of Disburser	
Mailing Address 3220 N Street NW			10 3	2010
City Washington	State Zip Code DC 20007		Amount of Each [Disbursement this Period
Purpose of Disbursement In-Kind Auto Calls		011		1345.00
Candidate Name		Category/		
Jason Altmire		Type		
Office Sought: X House Disburs	sement For: 2010		In-Kind	
Senate	Primary X General		III-IXIIIU	
President District: 04	Other (specify)			
State: PA District: 04				
				3270.00
SUBTOTAL of Disbursements This Page (optional				

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П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	<u> </u>	X 23 28b	24 28	-	5 9	26 30b
	y Information copied from such Reports and Stator commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)									
	Americas Health Insurance Plans PAC (AHIP PAC)								
	Full Name (Last, First, Middle Initial) Locust Street Group					ction ID Disburs		C4C966	2697A	\F11
	Mailing Address 3220 N Street NW				1 0 M		3 1 /	Y Ž O	1 0 Y	
	City Washington	State Zip Code DC 20007			Amount	t of Each	n Disbu	rsement tl	nis Perio	od
	Purpose of Disbursement In-Kind Auto Calls			011	T L.			925	5.00	
	Candidate Name Michael Angelo Arcuri		Ca	tegory/ Type						
	Office Sought: X House Senate President State: NY District: 24	sement For: 2010 Primary X General Other (specify)	•		In-Kind					
	Full Name (Last, First, Middle Initial) Locust Street Group					ction ID		BF4EF33	38138	10B0
	Mailing Address 3220 N Street NW				1 0 M	/ D	3 1 /	y žo	10	
	City Washington	State Zip Code DC 20007			Amount	t of Each	n Disbu	rsement th		od bc
	Purpose of Disbursement In-Kind Auto Calls			011				925	5.00	Ш
	Candidate Name Patrick L. Meehan		1	tegory/ Γype						
	Office Sought: X House Senate President State: PA District: 07	sement For: 2010 Primary X General Other (specify)	•		In-Kind	l				
	Full Name (Last, First, Middle Initial) Locust Street Group				Date of	Disburs		74B001E	31346F	BE6
	Mailing Address 3220 N Street NW				10 M	/ D	3 1	ž 0	10	
	City Washington	State Zip Code DC 20007			Amount	t of Each	Disbu	rsement tl	nis Perio	od
	Purpose of Disbursement In-Kind Auto Calls			011	T L.			225	5.00	
	Candidate Name Michael E. McMahon			tegory/ Γype						
	Office Sought: X House Senate President State: NY District: 13	sement For: 2010 Primary X General Other (specify)			In-Kind					
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Full Name (Las Locust Stree Mailing Addres City Washington Purpose of Dis In-Kind Auto C Candidate Nam Michael E. M Office Sought: State: NY Full Name (Las	t, First, Middle Initial) t Group s 3220 N Street NW bursement alls ne lcMahon X House D	State	Zip Code			Date 1	te of Disbui	sement	žoj	O Y
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Full Name (Las	President	Primary Other (s		Ту	pe	In-ł	Kind			
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Locust Stree	,					Da	te of Disbur	sement	'B895CE4	
Mailing Addres	s 3220 N Street NW							31 /	[°] 2010) ^Y
City Washington		State DC	Zip Code 20007			Am	ount of Ead	h Disburs	ement this	Period
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Candidate Nam Michael G. F				-	gory/					
Office Sought: State: PA	X House D Senate President District: 08	Disbursement For Primary Other (s				In-ł	Kind			
	t, First, Middle Initial) for Congress						nsaction I te of Disbu		3-336895	167827
Mailing Addres	s PO Box 128					1		2 ^D /	Ý 2010) Y
City Hazleton		State PA	Zip Code 18201			Am	ount of Ead	ch Disburs	ement this	Period
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Candidate Nam Louis J. Barl	_			Cate Ty	gory/ pe					
Office Sought:	X House D Senate President	Pisbursement For Primary Other (s			•					
State: PA	District: 11									
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LINE	-	R:			PAGE	54/6	67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(ch	eck only 21b 27	one) 22 28a		23 28b	24		25 29	$\frac{2}{3}$
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam										5
NAME OF COMMITTEE (In Full)		ii COMMINIC	ee to son	CIL COITH	ibutic	3115 111	om suc	II COIII	millee	
Americas Health Insurance Plans PAC (Al	HIP PAC)									
Full Name (Last, First, Middle Initial) Michael Grimm for Congress							: 093 ement	03-40	27673	36021
Mailing Address 560 9th Street				1 ^M 1	M /	DC	9 /	Y	ž o ž o) Y
City Brooklyn	State Zip Code NY 11215			Amou	nt of	Each	Disbu	rseme	nt this F	Period
Purpose of Disbursement General Contribution 2010		Q11						20	00.00)
Candidate Name Michael G. Grimm		Catego Type	-							
ů X	ement For: 2010 Primary General Other (specify)									
State: NY District: 13										
Full Name (Last, First, Middle Initial) Ron Johnson for Senate Inc				Date of	of Dis	sburs	: 389 ement	43-25	501184	13442
Mailing Address 601 Oregon Street Suite	A			1 ^M 0	M /	^D 2	22	Y 2	ž o ž o) ^Y
City Oshkosh	State Zip Code WI 54902			Amou	nt of	Each	Disbu	rseme	nt this F	Period
Purpose of Disbursement 2010 General Contribution		011		L.				20	00.00)
Candidate Name Ronald H. Johnson		Catego Type	-							
X Senate President	ement For: 2010 Primary X General Other (specify)	1								
State: WI District: Full Name (Last, First, Middle Initial) Wedgepac							: 389 ement	43-50	27429	94614
Mailing Address PO Box 680063				1 ^M 0	M /	D 2	22	Y	ž o ž o) ^Y
City Franklin	State Zip Code TN 37068			Amou	nt of	Each	Disbu	seme	nt this F	Period
Purpose of Disbursement 2010 Contribution		011		L.				15	500.00)
Candidate Name Wedgepac		Catego Type	-							
Office Sought: House Disburse Senate President X	ement For: 2010 Primary General Other (specify)	1								
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SUBTOTAL of Disbursements This Page (optional)			<u> </u>					55	00.00	
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	me and address of any politica										
<u>V</u>	Full Name (Last, First, Middle Initial) Alice Forgy Kerr for Senate Campaign Mailing Address 3274 Gondola Drive					Date	saction of Disk		ment		69995 0 1 0	
	City Lexington	State Zip Code KY 40513				Amou	int of E	Each [Disburs		t this F	
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	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	ı	.) [-								
	Full Name (Last, First, Middle Initial) Anthony Brown for State Representaive Mailing Address 799 E 2200 Road					Date	action of Dist		ment		65259 0 1 0	
	City Eudora	State Zip Code KS 66025				Amou	int of E	Each (Disburs		t this F	
	Purpose of Disbursement Nonfederal Contribution Candidate Name			01 ateg	gory/	L.		•	0		00.00	•
	Office Sought: Senate President State: Disburs Senate President	sement For: Primary General Other (specify) ▼		.),								
	Full Name (Last, First, Middle Initial) Arlen Siegfreid for Re-Election					Date	action of Dist	ourse	ment		64349	_
	Mailing Address 1403 West Prairie					1 0		^D 2	7	2	0 1 0	
	City Olathe	State Zip Code KS 66061				Amou	int of E	Each [Disburs		t this F	-
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5	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)			NUMBER:	P	AGE 56/6	67
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	y Information copied from such Reports and State for commercial purposes, other than using the nan								5
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A		, , , , , , , , , , , , , , , , , , ,						
_	Full Name (Last, First, Middle Initial) Bill Brown for State Senate 2010					Transaction Date of Disk	n ID: 28676 oursement	6-5040094	12564
	Mailing Address 524 S. Elm Place					10	27	žojo) ^Y
	City Brown Arrow	State OK	Zip Code 74012			Amount of E	Each Disburse		
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011 Catego				500.00)
		ement For:		Туре	•				
	Senate President State: District:	Primary Other (sp	General ecify)						
	Full Name (Last, First, Middle Initial) Bingman for Senate 2010					Transaction Date of Disk	n ID: 28676	6-9719201	19224
	Mailing Address 1502 E. McKinley					10 M	27	ž010) ^Y
	City Sapulpa	State OK	Zip Code 74066			Amount of E	Each Disburs		
	Purpose of Disbursement Nonfederal Contribution Candidate Name			011				700.00)
				Catego Type					
	Senate President	ement For: Primary Other (sp	General ecify) ▼						
	State: District: Full Name (Last, First, Middle Initial) Bob Damron for House of Representative	9				Transaction Date of Disk	n ID: 3894	3-2794458	3270
	Mailing Address 231 Fairway West					M M /	22	Ý ŽOÌO) Y
	City Nicholasville	State KY	Zip Code 40356			Amount of E	Each Disburs		
	Purpose of Disbursement Nonfederal Contribution			011				300.00)
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 57 / 67
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ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A				
Full Name (Last, First, Middle Initial) Bob Grant for Kansas House of Represen	atives		Date of Disbursem	
Mailing Address 407 W. Magnolia			10 27	2010
City Cherokee	State Zip Code KS 66724		Amount of Each D	isbursement this Period
Purpose of Disbursement Nonfederal Contribution Candidate Name	[011 Category/		150.00
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial) Brandon Smith for Senate Campaign			Date of Disbursem	
Mailing Address 350 Kentucky Blvd.			10 22	2 0 1 0
City Hazard	State Zip Code KY 41701		Amount of Each D	isbursement this Period
Purpose of Disbursement Nonfederal Contribution Candidate Name		011 Category/		200.00
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial) Brenda Landwehr for State Representative)		Date of Disbursem	
Mailing Address 2837 N. Edwards Street			10 27	2010
City Wichita	State Zip Code KS 67204		Amount of Each D	isbursement this Period
Purpose of Disbursement Nonfederal Contribution		011		500.00
Candidate Name		Category/ Type		
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		<u></u>		850.00
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	e (Last, First, Middle Initial) for Senate 2010 ddress PO Box 309						Date		isburs	: 286 ement		05938 0 1 0	_
	of Disbursement al Contribution		State OK	Zip Code 74018	01	1 ory/	Amou	int o	f Each	Disbur	•	t this P	eriod
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name				for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A		ss of any political	Committee to so	ion contributions from such committee
<u></u>	Full Name (Last, First, Middle Initial) Cliff Aldridge for Senate				Transaction ID: 28676-34287661314
	Mailing Address P.O. Box 10946				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ $
	City Midwest City	State OK	Zip Code 73140		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution			011	500.00
	Candidate Name			Category/ Type	
	Senate President	ement For: Primary Other (spe	General ▼		
	State: District: Full Name (Last, First, Middle Initial) Dan Seum for State Senate				Transaction ID: 38943-81992739439
	Mailing Address 1107 Holly Avenue				10 M 22 Y 2010
	City Fairdale	State KY	Zip Code 40118		Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution			011	200.00
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	Candidate Name Office Sought: House Senate President	ement For: Primary Other (spe	General ecify) ▼		
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Other (spe			Transaction ID: 38943-1063043475
	Candidate Name Office Sought: House Senate President State: District:	Primary Other (spe			Transaction ID: 38943-1063043475 Date of Disbursement M
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Danny Ford for Representative Campaign Mailing Address PO Box 1245 City	Primary Other (spe	ecify) ▼ Zip Code		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Danny Ford for Representative Campaign Mailing Address PO Box 1245	Primary Other (spe	ecify) 🔻		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Danny Ford for Representative Campaign Mailing Address PO Box 1245 City Mt. Vernon Purpose of Disbursement Nonfederal Contribution Candidate Name	Primary Other (spe	ecify) ▼ Zip Code	Type	Date of Disbursement M M M / D 2 D / Y 2 0 1 0 Y Amount of Each Disbursement this Period
	Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Danny Ford for Representative Campaign Mailing Address PO Box 1245 City Mt. Vernon Purpose of Disbursement Nonfederal Contribution Candidate Name	Primary Other (spe	Zip Code 40456	Type 011 Category/	Amount of Each Disbursement this Period

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F D C A P N	commercial purposes, other than using the name IAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AF ull Name (Last, First, Middle Initial) David Crum for Kansas House of Represer dailing Address 2903 Lakeshore Drive lity august urpose of Disbursement lonfederal Contribution	e and address of any politica IIP PAC) Itatives State Zip Code		Transaction ID: 28676-38219851255 Date of Disbursement
F D M C A	ull Name (Last, First, Middle Initial) David Crum for Kansas House of Represer dailing Address 2903 Lakeshore Drive lity lugust urpose of Disbursement lonfederal Contribution	ntatives State Zip Code		Date of Disbursement
D M C A P	David Crum for Kansas House of Representaling Address 2903 Lakeshore Drive sity sugust surpose of Disbursement lonfederal Contribution	State Zip Code		Date of Disbursement
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N	onfederal Contribution			
	analatio Hamo		011 Category/	300.00
	Office Sought: House Disburse Senate President tate: District:	ment For: Primary General Other (specify)	Туре	
	ull Name (Last, First, Middle Initial) David Givens for Senate Campaign			Transaction ID: 38943-7272149920 Date of Disbursement
M	Mailing Address PO Box 12			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	,	State Zip Code KY 42743		Amount of Each Disbursement this Period
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	Office Sought: House Disburse Senate President tate: District:	ment For: Primary General Other (specify)	Туре	
F	ull Name (Last, First, Middle Initial) Pavid L. Williams for State Senate			Transaction ID: 38943-9865381121 Date of Disbursement
M	failing Address P.O. Box 666			
		State Zip Code KY 42717		Amount of Each Disbursement this Period
N	urpose of Disbursement lonfederal Contribution		011	300.00
_	andidate Name		Category/ Type	
	Office Sought: Senate President Disburse District:	ment For: Primary General Other (specify)		
	BTOTAL of Disbursements This Page (optional)			800.00

SCHEDOLL B (I LOT OHII 5X)	Use separate schedule(s)	(check only	NUMBER: PAGE 61 / 6/
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29 3
Any Information copied from such Reports and Sta or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (ame and address of any political o		
Full Name (Last, First, Middle Initial) Dorsey Ridley for Senate Campaign Mailing Address 4030 Hidden Creek Dr	ive		Transaction ID: 38943-50753420591 Date of Disbursement
City Henderson Purpose of Disbursement Nonfederal Contribution Candidate Name	State Zip Code KY 42420	011 Category/	Amount of Each Disbursement this Period 200.00
	rsement For: Primary General Other (specify)	Type	
Full Name (Last, First, Middle Initial) Friends of Dan Sullivan Mailing Address 4306 S. Peoria, #671			Transaction ID: 28676-51659792667 Date of Disbursement M
City Tulsa Purpose of Disbursement Nonfederal Contribution Candidate Name	State Zip Code OK 74105	011 Category/ Type	Amount of Each Disbursement this Period 500.00
Office Sought: Senate President State: District: Full Name (Last, First, Middle Initial)	rsement For: Primary General Other (specify) ▼	,,	Transaction ID: 28676-70954531431
Friends of Kris Steele 2010 Mailing Address 1211 Cambridge Drive	3		Date of Disbursement M
City Shawnee Purpose of Disbursement Nonfederal Contribution Candidate Name	State Zip Code OK 74804	011 Category/	Amount of Each Disbursement this Period 700.00
	rsement For: Primary General Other (specify)	Type	
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